



**LINCOLN POLICE DEPARTMENT**

575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

September 24, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of U-Stop, 240 North 17<sup>th</sup> Street.

U-Stop holder of a class B liquor license this liquor license be upgraded to a class D liquor license.


Ardith Buerstetta has applied to be the manager at this location.

Ardith Buerstetta was employed at the Nebraska Heart Hospital 2003-2010, and has been with U-stop since 2011.

There is no criminal history on the applicant.

The required training was completed on 9-12-2013.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) U-Stop #2

Street Address #1 240 N. 17th St.

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster #2

Zip Code 68508

Premise Telephone number 402-476-1610

E-mail tlafave@u-stop.com

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name U-Stop #2

Street Address #1 PO Box 30211

Street Address #2 \_\_\_\_\_

City Lincoln

State NE

Zip Code 68503

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 58 feet

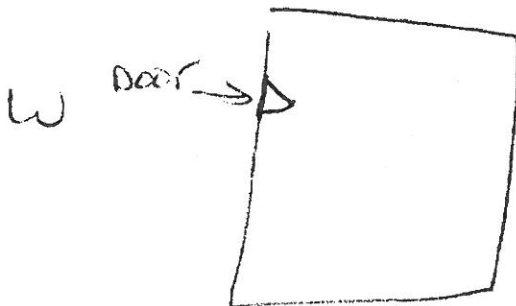
Width 43 feet

Is there a basement? Yes ☐ No ☒

No Basement

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

N  
one story



E

one story building  
approx 43 x 58

# **APPLICANT INFORMATION**

## 1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

## 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

## 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number U-Stop #2 18518

## 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

## 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED

SEP 11 2012

NEBRASKA LIQUOR CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Whitehead Oil Company

**Premise information**

Premise License Number: 18518

(if new application leave blank)

Premise Trade Name/DBA: U-Stop #2

Premise Street Address: 240 N. 17th St.

City: Lincoln

State: NE

Zip Code: 68508

Premise Phone Number: 402-476-1610

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)

prints, voter reg. signed, BL  
Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Buerstetta First Name: Ardith MI: A

Home Address (include PO Box if applicable): 5845 A St.

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-525-7375 Business Phone Number: 402-476-1610

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Not Married

Spouse's information

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2000	2013			

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2013	U-Stop	Theresa Lichtenberg	402-489-6631
2003	2010	Nebraska Heart Hospital	Jeff Gonzalez	402-327-2700

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?  
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

prints enclosed

5. List any alcohol related training and/or experience (when and where).

RHC 09-12-2013 RBST 10-02-12

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
8/9/2005  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

Amended August 9, 2005

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

55 08715

CERTIFICATE OF LIVE BIRTH J-212

CHILD—NAME FIRST MIDDLE LAST Ardith Ann Jacobsen		DATE OF BIRTH (MONTH, DAY, YEAR) 126- J-212		BIRTH NUMBER
SEX 1. Female	THIS BIRTH—SINGLE, PART, TRIPLET, ETC. 2. Single	IF NOT SINGLE BIRTH—GIVEN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH 3. Douglas
CITY, TOWN, OR LOCATION OF BIRTH 4. Omaha		HOSPITAL—NAME 5. University Hospital (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)		
MOTHER—MAIDEN NAME 6. Lorene E. Baum		AGE (AT TIME OF THIS BIRTH) 7. 29	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Tecumseh, Nebraska	
RESIDENCE—STATE 9. Nebraska	COUNTY 10. Bennet	STREET AND NUMBER		
FATHER—NAME 11. Peter A. Jacobsen		AGE (AT TIME OF THIS BIRTH) 12. 34	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 13. Marquette, Nebraska	
INFORMANT—NAME OR SIGNATURE 14. Lorene E. Jacobsen		RELATION TO CHILD 15. Mother		
1. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
16. SIGNATURE 17. Wm. J. Chleborad, M.D.		18. University Hospital		
19. M.D.				
REGISTRAR—SIGNATURE 20. E. D. Lyman, M.D.		DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 19. Apr. 18, 1955		



*Le Secrétaire d'Etat des Etats-Unis d'Amérique*  
*prie par les présentes toutes autorités compétentes de laisser passer le citoyen*  
*ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni*  
*difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.*

*El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.*

*Audith A. Smith*  
SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

[illegible]